

Calhoun County
Office of Senior Services
Minimum Service Standards



2014
Minimum
Service
Standards

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Calhoun County Office of Senior Services Minimum Service Standard

SERVICE NAME: ALL SERVICES

GENERAL REQUIREMENTS – All services and programs funded with Calhoun County Senior Millage funds must comply with the following general requirements.

- A. The service provider shall provide assurance that they will comply with all applicable Federal, State, and local laws and regulations.
- B. The service provider shall adhere to the definitions and minimum standards and requirements for all contracted services.
- C. The service provider shall comply with all reporting requirements dictated by Calhoun County.
- D. Recipient Eligibility Criteria
 - 1. Services shall be provided only to Calhoun County residents 60 years of age or older.
 - 2. Service providers shall maintain a written list of persons who seek service but cannot be served at that time. Such a list must include the date the service is first sought and the service being sought by geographic area within the County. The service provider must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list.
 - 3. Recipients eligible to receive services through Federal, State, or other community resources shall be referred to those programs, and third party reimbursement sought before Senior Millage resources are used.
 - 4. It is expected that all residents in licensed nursing facilities will receive their primary benefits and services from those facilities and not utilize senior millage funds. This does not preclude or exclude mutual programs or special events that benefit the facility residents and senior millage.
 - 5. For services that have an income limitation requirement for eligibility, the income limitation is program specific. For a few specific services, recipients must be at or below 200% of the poverty level as published in the most recent Federal Register. (See Chart of Services at the end of this Section.)
 - 6. When demand exceeds program or financial capacity, substantial emphasis must be given to serving eligible persons with greatest social and/or economic need.



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E. Contributions and Cost-Sharing

No one may be denied services for failing to make a donation. All program recipients shall be encouraged to and offered a confidential and voluntary opportunity to contribute towards the costs of providing the services received. This can be at the time of service, such as meal programs and transportation, or via a mailed statement of services value each month. Waiver of this requirement for accepting donations may be approved in writing for some services by the County. 2. Except for program income, no paid or volunteer staff person of any service program may be allowed to solicit contributions from program recipients, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy.

3. The service provider shall have in place a written procedure for handling all donations or contributions, upon receipt, which includes, at a minimum:
 - a. Counting, recording, and signature of all receipts by two individuals at each service facility or service provider office. In the case of in-home services, Recipient donations must be collected in either a locked box, or sent by check through the U.S. Postal Service to a service facility or the program office for counting, recording, and signature of receipts;
 - b. Provisions for sealing, written acknowledgment and transporting of receipts to either deposit in a financial institution or secure storage until a deposit can be arranged; and,
 - c. Reconciliation of deposit receipts and collection records by someone other than the depositor or counter(s).
4. Specific programs, such as Hearing, Vision, PERS, Ramp Installs, Chore Services, and Community Supportive Services (aka care management), may have a cost-sharing provision for recipients with incomes above 150% poverty level. Cost-shared funds returned to the program will provide additional services to other seniors.

F. Confidentiality

1. The service provider shall have established procedures to protect the confidentiality of information about recipients collected in the conduct of its responsibilities. No information will be disclosed without prior informed consent of the recipient or his/her legal representative. Disclosure may be allowed by court order, or for program monitoring by the Calhoun County Office of Senior Service which is also bound to protect the confidentiality of client information. It is the responsibility of each service provider to determine if they are a covered entity with regard to HIPAA regulations.
2. All recipient information shall be maintained in controlled access files.



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G. Coordination, Publicity, Alternate Funding

1. Each program shall demonstrate working relationships with other community agencies to insure that recipients in need of services have access to such services.
2. The service provider shall publicize the service(s) to assure access to older persons which at a minimum shall include being easily identified in local telephone directories.
3. The service provider shall include language in all publicity which recognizes that funding was provided by the Calhoun County Senior Millage.
4. The service provider shall be prepared to bring to the attention of appropriate officials for follow-up, conditions, or circumstances which place the older person, or the household of the older person, in imminent danger.
5. The service provider shall be prepared to make arrangements for the availability of services to recipients in weather related emergencies, as appropriate.

H. Insurance

1. The service provider shall maintain the following insurances, if required by law:
 - a. Worker's compensation
 - b. Unemployment
 - c. Property and theft coverage (including employee theft)
 - d. Fidelity bonding (for persons handling cash)
 - e. No-fault vehicle insurance (for agency owned vehicles)
 - f. General liability and hazard insurance (including facilities coverage)
2. The following insurances are recommended, but not required, for additional agency protection:
 - a. Insurance to protect the program from claims against the program drivers and/or passengers
 - b. Errors and Omission insurance for board members and officers
 - c. Professional liability (both individual and corporate)
 - d. Malpractice
 - e. Special multi-peril

I. Volunteers

1. Service providers utilizing volunteers shall have written procedures governing recruiting, training, and supervision.
2. Volunteers shall receive a written position description, orientation training, and a yearly performance evaluation, as appropriate.



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J. Staffing/Staff Identification

1. Each service provider shall employ competent personnel sufficient to provide services pursuant to the contractual agreement and demonstrate an organizational structure including established lines of authority.
2. Each service provider shall insure that any staff person, paid or volunteer, who enters a participant's home shall display proper identification, either an agency picture identification card, or a Michigan driver's license and some other form of agency identification.

K. Training Participation

1. New service provider staff shall receive an orientation which includes an introduction to the program, the aging network, maintenance of records and files, the aging process and emergency procedures. Records identifying dates of training and topics covered are to be maintained in employee personnel files.
2. The service provider shall budget an adequate amount of funding to address its training needs.

L. Recipient Satisfaction/Complaint Resolution

1. The service provider shall have established procedures to assure recipients are able to express their opinion of services.
2. The service provider shall have written complaint resolution procedures, to be used by recipients, and an appeals procedure for persons determined to be ineligible for services or who have services terminated. Persons denied service and program recipients shall be notified of these procedures through posted written materials at locations where services are provided, or through verbal instructions, as appropriate. Such notice must advise recipients that complaints of discrimination may be filed with the County, U.S. Department of Health and Human Services, Office of Civil Rights, or the Michigan Department of Civil Rights.

M. Service Quality Review/Program Evaluation

1. Each service provider must employ a mechanism for obtaining and evaluating the views of service recipients about the quality of the services rendered.
2. Each program must develop and implement an appropriate objective evaluation process to determine the effectiveness of the program in achieving its desired outcomes.



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N. Civil Rights and Fair Employment Compliance

1. Service providers agree to abide by the provisions of the Elliott-Larsen Civil Rights Act, P.A. 1976, No. 453, as amended, being sections 37.2101 et seq. of the Michigan Compiled Laws, and the Michigan Persons with Disabilities Civil Rights Act, P.A. 1976, No. 220, as amended, being sections 37.1101 et seq. of the Michigan Compiled Laws.
2. Each service provider must clearly post signs at service provider offices and locations where services are provided in English, and other languages, as appropriate, indicating non-discrimination in hiring, employment practices, and provision of services.
3. Service providers that subcontract must include Civil Rights language as part of the terms and agreement of the subcontract.



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Income Limitations for Services			
as of 08.21.13	No Income Limits	May Require Cost- Share	200% of Poverty
HEALTH RELATED SERVICES			
Benefits Counseling	X		
Community Supportive Services			X
Congregate Meals	X		
Dental Services			X
Health Ins Plan for Uninsured Seniors/Hlth Assist Fund			X
Hearing Services			X
Home Delivered Meals	X		
Prescription Drug Access			X
Prescription Vouchers			X
Vision Services			X
Whole Person Wellness	X		
INDEPENDENCE QUALITY OF LIFE SERVICES			
Adult Day Care			X
Caregiver Respite Services	X		
Chore Services			X
Guardianship	Below \$500 in Assets		
Home Heating Assistance			X
Information & Assistance	X		
Legal Services			X
Minor Home Repair			X
Money Management			X
Personal Emergency Response System			X
Ramp Services: Portable and Permanent			X
Senior Center Programming	X		
Transportation	X		
Transportation Dispatch	X		



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SERVICE NAME: ADULT DAY CARE

DEFINITION: Adult day care is designed to provide medical and rehabilitation services and social interaction to seniors with physical or mental disabilities in a center-based environment.

UNIT OF SERVICE: One unit of service equals one day of care provided per recipient (may include transportation time if provided by program).

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors with physical and/or mental disabilities are able to remain living in their own homes or with family and/or friends in the community rather than being institutionalized.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – In addition to the recipient eligibility criteria for “ALL SERVICES,” each service provider shall establish written eligibility criteria which will include at a minimum:

1. Recipients must require regular supervision in order to live in their own home or the home of a relative or friend.
2. Recipients must require a substitute caregiver while their regular caregiver is in need of relief, or otherwise unavailable.
3. Recipients must have difficulty or be unable to perform activities of daily living (ADLs) without assistance.
4. Recipients must be capable of leaving their residence, with assistance, in order to receive service.
5. Recipients would benefit from intervention in the form of enrichment and opportunities for social activities in order to prevent and/or postpone deterioration that would likely lead to institutionalization.

B. Recipient Intake and Screening Requirements – A uniform preliminary individual screening of need must be performed before admission to the program. Such screening may be done over the telephone. Programs must have uniform intake/assessment procedures and maintain consistent records. Screening may be waived for recipients referred by an established care/case management program. At a minimum, records must include:

1. Recipient's first and last name
2. Current address and phone number
3. Age and date of birth



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4. Gender, marital status, race and/or ethnicity (optional)
5. Physician's name, address and phone number
6. Verification of recipient's income and other financial resources
7. The name, address and phone number of the person to contact in case of emergency
8. Handicaps or other diagnosed medical problems
9. Perceived supportive service needs as expressed by the individual and/or their caregiver

C. Comprehensive Individual Assessment – If prescreened as eligible for Adult Day Care, a comprehensive initial individual assessment shall be performed prior to admission to the program. Initial assessments may be waived for recipients referred by an established care/case management program that provides a copy of the recipient's assessment findings to the Adult Day Care program. The recipient and caregiver must attend the admission. If the recipient is unable, a home visit will be offered. All assessments must be conducted face-to-face and must include the following information:

1. All information required as part of intake and screening, as well as the following items:
 - a. Place of birth
 - b. Previous occupation, interests, and hobbies
 - c. Religious affiliation (optional)
 - d. Living arrangements
 - e. Condition of environment
 - f. Functional status
 - (i) Vision
 - (ii) Hearing
 - (iii) Speech
 - (iv) Oral status (condition of teeth, gums, and tongue)
 - (v) Psychosocial functioning
 - (vi) Difficulties in activities of daily living
 - (vii) History of chronic and acute illness
 - (viii) Medication regimen and other physician orders
 - (ix) Eating patterns (diet history) and special dietary needs
 - g. Supporting resources
 - (i) Pharmacist's name, address, and telephone
 - (ii) Services currently receiving or received in the past
 - (iii) Extent of family and/or informal support network
 - (iv) Hospitalization history
 - (v) Medical/health insurance information
 - (vi) Long-term care insurance information
 - (vii) Clergy's name, address, and telephone (optional)



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2. Need identification must include needs identified by the recipient, the caregiver, and the assessor.

D. Service Plan – A service plan shall be developed for each individual admitted to Adult Day Care. The service plan must be developed in cooperation with and be approved by the recipient, the recipient's guardian or designated representative. The service plan shall contain at a minimum:

1. Statement of the recipient's problems, needs, strengths and resources
2. Statement of goals and objectives for meeting identified needs
3. Description of methods and/or approaches to be used in addressing needs
4. Identification of basic and optional program services to be provided
5. Treatment orders of qualified health professionals, when applicable
6. List of all medications being taken while in the program

E. Reassessment – Each recipient is to be reassessed every three months to determine the results of the plan of care. If observation indicates a change in recipient status, a reassessment may be necessary before three months have passed.

F. Recipient Charts – Recipient charts will be kept confidential. Information in the chart will include, but is not limited to recipient referral, intake records, assessment of individual need, progress notes, list of medications, and personal information.

G. On-Site Services – Each program shall provide directly or make arrangements for the provision of the following on-site services to recipients:

1. Personal care
2. Nutrition to include one (1) hot meal per eight (8) hour day that provides one-third of the recommended daily allowances. Modified diet menus must be provided, where feasible and appropriate, which take into consideration recipient choice, health, religious and ethnic diet preferences
3. Recreation consisting of planned activities suited to the needs of the recipient and designed to encourage physical exercise, to maintain or restore abilities and skill, to prevent deterioration, and to stimulate social interaction

H. Staffing

1. The adult day care program will employ a full-time program director with a minimum of a bachelor's degree in a health or human services field or be a qualified health professional.



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2. The program must continually provide support staff at a ratio of no less than one staff person for each ten recipients. Health support services will be provided under the supervision of a licensed nurse.
 3. Continuing educational programs must be offered on a regular basis for staff to attend.
- I. Transportation** will be provided for those recipients interested in transportation to and from the center.
1. Drivers shall be licensed and covered by required liability insurance.
 2. Vehicles used for transportation shall be licensed, insured, and inspected annually as required by the Secretary of State.
 3. All paid drivers shall be physically capable and willing to assist recipients requiring help into and out of vehicles unless prohibited by a labor contract or insurance policy.
 4. All paid drivers shall be trained to cope with medical emergencies.



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SERVICE NAME: BENEFITS COUNSELING

DEFINITION: The benefits counseling program provides assistance to individuals in understanding their eligibility and applying for available health and prescription benefits through Medicare (e.g. Medicare Part D prescription plans), Medicaid, and any community based health and prescription programs (such as vouchers, Calhoun Health Plan, PDAP and Senior Prescription Discount card). The service provider acts as the single point of entry for immediate needs and long-term solutions for prescription acquisition for the recipient and fosters close collaborative relationships with other service providers of complimentary services. These services are to be provided throughout the county, with locally trained Assistants as feasible.

UNIT OF SERVICE: One unit equals one hour of service. Units of service will be limited to professional time with or on behalf of individual seniors or a group of seniors where professional consultation is being provided.

INCOME REQUIREMENT: No income requirement applies.

DESIRED OUTCOME: Seniors preserve their financial resources by accessing benefits for which they qualify and developing community-based benefits specialists.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – The recipient eligibility criteria contained in the “ALL SERVICES” standard shall apply.

B. Staffing/Supervision/Training

1. Staff and volunteers providing service shall have training and/or experience in how Medicare, Medicaid, and other community benefits programs work.
2. The staff and volunteers providing service shall have the desire and ability to work with seniors.
3. The staff and volunteers providing service shall have some basic knowledge of Social Security and how to obtain extra help for eligible seniors in paying for Medicare Part D costs.
4. The staff and volunteers providing service shall be trained to use available computerized tools provided on www.medicare.gov and www.socialsecurity.gov.
5. A qualified program coordinator shall be appointed and accessible to all staff and volunteers as needed.
6. It is expected that the service provider will be responsive to training requests from collaborative partners to facilitate offering this service at as many sites as possible throughout Calhoun County.
7. Training services will not be limited to Medicare/Medicaid Assistance Program certification rules and procedures as far as training community-based benefits specialists.



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SERVICE NAME: BENEFITS COUNSELING

C. Program Activities

1. Staff and/or volunteers will provide assistance with procurement of recipient benefits.
2. Staff and/or volunteers will review Explanation of Benefits for proper payment.
3. Staff and/or volunteers will verify income and assets in order to apply for benefits based on these factors (i.e. Social Security help with Medicare Part D costs).
4. Referrals to other services, as needed, shall be provided to seniors.
5. The service provider must provide services at various locations around the County including regular, periodic coverage of rural townships.
 - a. Regular scheduled times for service delivery must be established at appropriate locations in Battle Creek, Marshall, and Albion at least once per month and more frequently during the Medicare Part D open enrollment period from October 15 through early December of each year.
 - b. Regular scheduled times for service delivery must be established at rural township locations in at least three locations other than the sites established in 5. a. above. These sites must be scheduled at least quarterly throughout the year and more frequently during the Medicare Part D open enrollment period from October 15 through December 07 of each year.
 - c. Community benefits specialists trained in Part D enrollment assistance may be a greater benefit to rural residents than requiring full certification of all MMAP services.



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SERVICE NAME: CARE MANAGEMENT AND SUPPORTIVE SERVICES

NOTE: UNDER REVISION FOR 2014

DEFINITION: Care management and supportive services provides comprehensive assessment, reassessment and evaluation of needs; development of person-centered care plans; provision of on-going, individualized care management; and arrangement and purchase of services to support the activities of daily living (ADLs) for frail Calhoun County seniors.

UNIT OF SERVICE: One unit of service equals the assessment, ongoing care management of one individual for one month, and the cost of purchasing services for care management recipients.

INCOME REQUIREMENT: No income requirement applies.

DESIRED OUTCOME: Frail seniors with physical and/or mental disabilities are able to remain living in their own homes or with family and/or friends in the community avoiding institutionalization.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – In addition to recipient eligibility criteria contained in the “ALL SERVICES” standard, each program shall have a written eligibility criteria that includes, at a minimum, the following:

1. Recipients must be unable to perform **one or more activities of daily living (ADLs) without assistance**. Activities of daily living are limited to the following:
 - a. Bed mobility
 - b. Transfers
 - c. Toilet use
 - d. Eating
 - e. Dressing
 - f. Personal hygiene
 - g. Bathing
 - h. Ambulation

B. Intake and Assessment

1. Intake – Each care management program must have uniform intake procedures and maintain consistent recipient records. Intake may be conducted over the telephone and should include at a minimum:
 - a. Name, address, and telephone number of recipient
 - b. Name and telephone number of referral source (if applicable)



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- c. Date of birth
 - d. Primary physician's name address, and telephone number
 - e. Name, address, and telephone number of person, other than spouse or relative with whom individual resides, to contact in case of emergency
 - f. Diagnosed medical problem(s) or handicaps
 - g. Perceived activities of daily living for which assistance is requested as expressed by individual and/or their formal or informal support
 2. Assessment – A comprehensive individual assessment of need must be performed within 10 working days of intake. All assessments must be conducted in person by either a registered nurse or a social worker. The assessment instrument should be designed to obtain, at a minimum, the information listed below.
 - a. In addition to the information collected during intake, the assessment should obtain the following basic information: Place of birth, gender (optional), marital status (optional), race and/or ethnicity (optional), living arrangements, condition of environment, previous occupation, special interests, hobbies, and religious information (optional).
 - b. Functional status including vision, hearing, speech, oral status (condition of teeth, gums, mouth, and tongue), prostheses, psychosocial functioning, limitations in activities of daily living, eating patterns (diet history), prescriptions, medications, and other physician orders
 - c. Supporting references including referring physician's name, address and telephone number; pharmacist's name, address, and telephone number; services currently receiving or received in past, extent of family and/or informal support network; hospitalization history; medical/health insurance available
 - d. Need identification including recipient and family perception of needs; care management staff's perceived and/or observed needs; and perceived or identified needs from referral source/professional community
 - e. Recipient's communicated choice of services based on their perceived need or wishes, as much as possible keeping health and safety requirements in mind
 3. Each recipient is to be reassessed every 90 days for active cases and within 180 days for maintenance recipients, or as needed.
- C. Staffing/Supervision/Training** – Intake staff must have adequate education, training, and experience to perform health-related intake functions. Assessments and care management shall be conducted by either a registered nurse or a social worker. Case consultations should be conducted in a multi-disciplinary team.

D. Service Plans and Records

1. A service plan shall include the statement of the recipient's needs; the goals and



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objectives for meeting the identified needs; description and approaches used to address the needs; identification of the services to be arranged or purchased; and evidence of person-centered planning.

2. Care plans, records, and case notes should reflect person-centered planning.
3. Care managers shall establish and maintain a confidential record for each recipient served. The service providers record shall include, at a minimum, the following information:
 - a. Completed telephone intake
 - b. Completed assessment and reassessments
 - c. Recipient-approved plan of care
 - d. Documentation of service orders for arranged and purchased services
 - e. Progress notes which document pertinent contacts with the recipient, service providers, and others involved in caring for the recipient
 - f. Correspondence pertaining to recipient's care

E. Purchase of Supportive Services

1. The service provider will be required to develop and monitor a purchase of service system (POS) that is designed to meet the needs of frail recipients. Service providers shall receive reimbursement for the cost of purchasing services for recipients.
2. Each service provider shall establish linkages with agencies providing long-term care support services within the program area that adequately meets the need of program recipients.
3. The service provider must ensure that all POS vendors follow the minimum standards for the services they are providing utilizing Senior Millage funds. The service provider must develop a comprehensive monitoring program of its POS vendors that insures that vendors are adhering to the minimum service standards.
4. Recipients may receive additional services as part of their care plan including services that support Instrumental Activities of Daily Living (IADLs). However, these services should be secondary services included as part of a complete care plan and not the primary services identified as needed by the recipient. Instrumental Activities of Daily Living (IADLs) include, but are not limited to:
 - a. Meal preparation
 - b. Homemaking
 - c. Managing medications
 - d. Managing finances
 - e. Shopping
 - f. Transportation
 - g. Phone use
 - h. Respite services



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SERVICE NAME: CHORE SERVICES

Note: *UNDER DEVELOPMENT FOR fy 2014*



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SERVICE NAME: DENTAL SERVICES

DEFINITION: Dental services include the provision of dental screening for referral; examination and/or treatment; or dentures by a qualified, licensed dentist for seniors, age 60 and over, without dental insurance and not having the ability to pay for such service.

UNIT OF SERVICE: One dental clinic, examination, treatment or the provision of one denture.

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors experience stable or improved general health due to stable or improved dental health.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – In addition to recipient eligibility criteria contained in the “ALL SERVICES” standard, each service provider shall have written eligibility criteria which will include at a minimum:

1. The eligible person must not have dental insurance. (In rare circumstances, a Medicaid covered senior may be authorized a second opinion in the local community by a Senior Millage paid dentist.)
2. When there are more than one dental services vendors, a common eligibility/screening service may be developed at one site to screen and refer seniors to the appropriate provider based on location and/or funding availability.
3. If an individual is deemed ineligible to receive service, the reason(s) for ineligibility must be clearly stated in the recipient record.

B. Intake and Assessment

1. The service provider shall use a standard intake form or electronic health record which includes the following:
 - a. Recipient's first and last name
 - b. Recipient's current address and phone number
 - c. Recipient's gender, marital status, and race and/or ethnicity (optional)
 - d. Name, address, and phone number of the person to contact in case of emergency
 - e. Date of birth
 - f. Public benefits received
 - g. Diagnosis/presenting symptoms
 - h. Treatment/referrals/reasons for denial



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2. The service provider shall perform or arrange to have performed such oral examination and assessment as necessary to ascertain the extent of treatment needed based on the acuity of the presenting dental condition.
3. Assessment procedures must include a clinical examination of the oral cavity which may be supplemented by dental x-rays as deemed necessary by the dentist.

C. Recipient Records

1. A dental chart shall be established for each recipient and maintained at the direct service provider site (dentist's office) according to Calhoun County and State Medical Records requirements.
2. A recipient record shall be maintained at the service provider site and shall contain, but not be limited to the following forms:
 - a. Intake records (paper or electronic) (See B.1.)
 - b. Consent to Treat – This gives the provider the authority, from the recipient, to treat that person or refer them to a dentist for treatment.
 - c. Consent to Release Information – This gives the provider authorization, from the recipient, to obtain previous medical records from other providers if the information may be of some assistance in providing care for the recipient.
 - d. Patient's Rights – This allows the recipient to cross out any statement on the consent form with which s/he does not agree. This form must be signed by the recipient, witnessed, and dated before any treatment is provided.
 - e. Community Referral Form – This form will be used in the event a referral is made for additional services or medical needs such as prophylactic medications due to oral infections or consultation which the dentist may deem necessary following an exam of the oral cavity. The form contains the recipient's name and date of referral, along with the site to which the referral is made. The original is given to the recipient to take or the dental record will be sent directly to the referral dentist. The carbon or electronic copy is kept in the recipient record.
 - f. Progress Notes – This consists of a lined paper or electronic record on which notations of services rendered, the recipient response(s) to treatment and disposition of the recipient whether referred back for follow-up or further service or end of treatment regimen.

D. Provision of Service

1. Dental services shall be provided by dental practitioners licensed to practice in Michigan.
2. Allowable treatment may consist of, but is not limited to:
 - a. Prophylaxis, and periodic recall when possible
 - b. Tooth extraction
 - c. Prosthetic services (dentures)



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- d. Silver or composite fillings
 - e. Abscess reduction by medication
 - f. Abscess reduction by incision and drainage and medication
 - g. Root canals and crowns (if deemed least invasive alternative and limited to two teeth)
 - h. Fees for services are limited to published Medicaid covered rates plus a maximum of 15% additional incentive.
3. Non-allowable treatment includes:
- a. Major oral surgery
 - b. Bleaching
 - c. Gold fillings
 - d. Insertion of jewels of other decorative items in the mouth or teeth
 - e. Orthodontia
 - f. Advanced periodontal therapy
4. Such treatment as is feasible shall be performed at the time of the initial examination. Further need for treatment shall be determined by the service provider based on the assessed acuity.
5. If the dentist deems dentures to be necessary for the recipient, the service provider shall arrange with the dentist providing the denture service to procure for the recipient the completed denture in as timely a manner as possible. This shall include fittings, impressions, and follow-up according to standard dental practice to complete denture procurement.
6. The service provider will make every effort to assist the recipient in obtaining further, more extensive services not available and/or not covered by the definition of service as deemed medically necessary by the dentist (e.g. oral surgery), in consultation with the Senior Services Manager. All treatment plans are subject to review by Senior Services for customary and reasonable practice.



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SERVICE NAME: GUARDIANSHIP

DEFINITION: The guardianship program shall offer the following types of service:

1. Representative Payee: A recipient designated by the Social Security Administration to receive cash payments on behalf of a beneficiary if there is positive evidence of the beneficiary's incapability of managing the funds. The duties and responsibilities of a representative payee are delineated in Social Security law and regulations.
2. Trust Agreement: A special Trust Agreement has been developed for use by the guardianship service agency, where the agency and recipient enter into a legal agreement regarding the recipient's funds "in trust" and has specified responsibilities in handling the financial affairs of the recipient. The Trust Agreement is signed by the agency and recipient before witnesses.
3. Conservator: A recipient appointed by the court under Act 642, P.A. 1978, to exercise full powers over the estate of a recipient determined by the court to be unable to manage his/her property and affairs effectively and the recipient has property which will be wasted or dissipated unless proper management is provided.
4. Guardian: A recipient appointed by the court under P.A. Act 398 of 1988. A guardian is responsible for the care, custody, and control of the ward but is not liable to third party recipients by reason of that responsibility for the actions of the ward. A guardian has the following powers and duties except as modified by order of the court: 1) power to decide where the ward will live, 2) consent to medical or other professional treatment, 3) if a conservator or trustee is not appointed, to receive money and property of the ward and use it for support, care, and education of the ward.
5. Power of Attorney: A document that evidences the creation of a relationship between two people who are designated as the "principal" and the "agent." It is designed to meet the particular needs of a recipient (principal) and transfer power to Guardian (agent) to receive income and pay debts. This is a voluntary contract.

UNIT OF SERVICE: For representative payee service one unit equals one recipient per month. For all other types of assistance covered in this standard one unit equals one hour of service. Units of service will be limited to professional time with or on behalf of individual recipients.

INCOME REQUIREMENT: Yes. Recipients must be at or below \$500 in liquid assets as verified by the service provider.

DESIRED OUTCOME: Self-sufficiency for able seniors will be increased allowing them to remain independent.



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: GUARDIANSHIP

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – In addition to the general and income eligibility criteria, each program shall have written eligibility criteria which will include at a minimum:

1. The service provider shall determine if a recipient is covered by another grant or is able to pay for the service.
2. The service provider shall be used for providing supervision of a recipient or his/her finances or affairs only when a suitable and willing relative or friend is not available to provide the supervision.
3. Recipient must have liquid assets of \$500 or less, exclusive of Medicaid exempt assets.

B. Staffing/Supervision/Training

1. The staff providing service shall have experience in business administration or accounting, and have social work/case management skills.
2. Staff and volunteers shall be trained in subject areas pertaining to guardianship, conservatorship, representative payee, and power of attorney and trust agreements by individuals competent in these areas, including existing guardianship programs, the Probate Court, community mental health, and representatives of long-term care advocacy organizations.
3. Staff and volunteers, designated with authority to manage the financial affairs of a recipient, including the power to deal with real estate, shall be insured with a total bonded money management capability of \$250,000.
4. Responsibilities and duties of staff shall include, but not be limited to the following:
 - a. Record keeping – filing all required legal documents, accounting, contracts, recipient records (including recipient data authorizations)
 - b. Participation in legal proceedings as required
 - c. Visitation of guardian and conservator recipients every quarter, or more frequently as is feasible and necessary
 - d. Authorization of medical treatment as needed and written policies or procedures concerning emergency situations shall be developed
 - e. Take appropriate steps for institutional (psychiatric hospital) placement if necessary and insure that the least restrictive setting required is obtained should recommendation for institutional placement be necessary
 - f. Responsibility for all management of an accounting for funds belonging to or for the benefit of a recipient
 - g. Ensure that all eligible benefits are in place and current, i.e., Medicaid, Medicare A, Part B, and Part D and food stamps



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: GUARDIANSHIP

5. The Service provider will strive to receive and maintain a Registered Guardian Certification by the National Guardianship Association.
6. A person acting on behalf of the guardianship service provider shall be available 24 hours a day, seven days a week.

C. Service Method

1. The least restrictive level of supervision parallel to the recipient's ability to manage him/herself, finances and recipient decisions shall be used:
 - a. If a recipient needs assistance in managing his/her money and receives benefits that enable management by a representative payee, then the supervision shall be limited to management of only those benefits.
 - b. If a recipient needs assistance in managing his/her money and affairs only, then a Trust Agreement should be the form of supervision provided and the power given in the Trust Agreement shall be limited to specific finances and affairs to be managed.
 - c. If a recipient is deemed incompetent by court authority and is not capable of managing any of his/her finances or any of his/her financial affairs, and the nature of these is such that it requires management, but is able to make decisions regarding medical treatment, where to live, and other matters regarding his/her recipient, then a conservator is the most appropriate form of supervision.
 - d. If a recipient is deemed incompetent by Court authority and not capable of making or communicating decisions regarding his/her recipient, then guardianship is the appropriate form of supervision and shall be limited where appropriate to the degree of supervision needed with a preference for partial rather than plenary guardianship for developmentally disabled recipients.
 - e. If a recipient is not capable of managing his/her finances and/or his/her financial affairs, he/she may voluntarily designate a power of attorney.
 - f. The program shall petition the court for modification or termination of guardian/conservator arrangements when they are no longer needed; the program will notify Social Security Administration when payeeship is no longer needed.
 - g. The service provider shall strive to utilize volunteer assistance whenever possible. Assistance may be in the form of gathering recipients needed items, serving as "friendly visitors," etc.
2. The service provider shall comply with the Estates and Protected Individuals Act of April 1, 2000, where possible.



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: Health Assistance Fund

DEFINITION: The Health Assistance Fund makes available funding for individuals who can demonstrate both a need for a health-related service and a lack of financial resources. **Health Assistance Fund dollars are always used as a last resort.**

Examples of eligible expenses include urgent specialist and dental procedures, prescription medications and diabetic supplies, eye glasses, and health-related transportation passes, though this list is not all-inclusive. Individuals can receive up to \$250 in assistance each year. The Health Assistance Fund never gives out cash; instead, direct payments are made to doctors, pharmacies, and other service providers.

UNIT OF SERVICE: Unit of service equals one redeemed Health Assistance Fund request for one person.

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors have access to health care services and resources that contribute to their general health due to provision of critical health-related services.

MINIMUM SERVICE STANDARD:

- A. Recipient eligibility criteria** – In addition to recipient eligibility criteria contained in the “ALL SERVICES” standard, each service provider shall have written eligibility criteria which will include at a minimum:
1. Stage 1: Demonstrate the Need – The recipient must provide satisfactory documentation of the need for which they are requesting assistance. If necessary, the service provider may assist the recipient in obtaining such documentation.
 2. Stage 2: Demonstrate Lack of Financial Resources – The recipient must be at or below 200% of the Federal Poverty Level for his/her household size. The recipient must present documentation of income.
 3. Stage 3: Resource Utilization – The recipient and the service provider will work together to determine if there are other existing resources for part of all of the need in question. There must be documentation of efforts expended in this area, and of the absence of necessary resources, in order to continue the recipient’s application for funds.



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Office of Senior Services

Minimum Service Standard

SERVICE NAME: Health Assistance Fund

4. Stage 4: Demonstration of Impact – The recipient and the service provider must be able to demonstrate that paying for the requested service will fulfill one of the objectives below:

- a. Will this service help to prevent an ER visit?
- b. Will this service help to prevent relapse of an illness, disease, or injury?
- c. Will this service help to bridge the gap to other healthcare resources?
- d. Will this service resolve an acute illness?
- e. Will this service prevent development of a more serious illness or injury?
- f. Will this service prevent the inflammation of an existing chronic condition?
- g. Will this service allow another needed healthcare service to take place?
- h. Will this service enable the person to return to work?
- i. Will this service help the person to maintain their independence?

5. Stage 5 – Personal Contribution – All recipients of Health Assistance Fund benefits are required to make a *gift of personal significance*. Everyone is capable of returning something to the community from his/her personal share of time, talents, or treasure. Options for personal contributions include, but are not limited to:

- a. Paying for a portion of one's own necessary service or making a donation to the Health Assistance Fund
- b. Donating time to a cause, charity, non-profit, or person in need
- c. Performing a service for a cause, charity, non-profit, or person in need
- d. Writing a personal letter of gratitude and consenting to be photographed as a means to communicate the impact of this program to the community

- B. Intake and Assessment** – The service provider shall use a standard intake form which includes the following:

1. Applicant's name
2. Applicant's date of birth
3. Description and cost of request
4. Demonstration of need
5. Household size and income
6. Description of the exhaustion of all other resources, impact and of personal contribution

C. Recipient Records

1. A complete record will be maintained for each recipient, including all information obtained during assessment and intake in addition to the following:
 - a. Recipient's address and telephone number



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Minimum Service Standard

SERVICE NAME: Health Assistance Fund

- b. Recipient's race/ethnicity, marital status (optional)
- c. Recipient's township of residence

D. Referrals and Other Assistance – The Health Assistance Fund is the fund of last resort. Therefore, the service provider shall be responsible for ensuring that no other resources available to serve the senior seeking assistance. Other resources that have been contacted shall be documented in the applicant record.

E. Provision of Service – Services that are available under this standard include:

1. Prescriptions not available through other programs or services
2. Medical transportation assistance
3. Therapeutic services
4. Primary and specialist health services
5. Durable medical equipment
6. Vision or dental services not available through other programs
7. Other health-related, provided they meet the requirement under IMPACT



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: Health Coverage for the Uninsured

DEFINITION: Seniors who do not have access to employer-sponsored coverage, are not eligible for government-sponsored programs, and cannot afford private insurance have access to a basic coverage plan that provides necessary primary care services at a minimum cost.

UNIT OF SERVICE: Unit of service is one senior enrolled in a health coverage plan for one month.

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors without insurance have access to a basic coverage program to insure consistent and reliable primary health care services.

MINIMUM SERVICE STANDARD:

A. Recipient eligibility criteria – In addition to recipient eligibility criteria contained in the “ALL SERVICES” standard, each service provider shall have written eligibility criteria which will include at a minimum:

1. The eligible person must not have other health coverage which provides the same services (i.e. a separate major-medical-only policy would not prohibit enrollment).

B. Intake and Assessment

1. The service provider shall use a standard intake form which includes the following:
 - a. Applicant's name
 - b. Social Security Number
 - c. Date of Birth
 - d. Gender, marital status and race/ethnicity (optional)
 - e. Mailing Address and telephone number
 - f. Household size and income

C. Recipient Records

1. A complete record will be maintained for each client, including all information listed as part of intake, as well as documentation of residency, income, and ID.



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Office of Senior Services

Minimum Service Standard

SERVICE NAME: Health Coverage for the Uninsured

D. Referrals and Other Assistance

1. If the Applicant is not eligible for the program, or if there is a waiting list, the service provider will provide the senior with assistance identifying other resources within the community to serve any immediate health-related needs.

E. Provision of Service

1. Services that are available include:
 - a. Office visits
 - b. Generic medications
 - c. Laboratory testing
 - d. Radiology (X-Rays)
 - e. Not all procedures, lab work, and radiology services are available. A complete list of covered services will be provided to each enrolled senior.
2. Services that are NOT available include:
 - a. Emergency department visits
 - b. In-patient hospitalization
 - c. Ambulance
 - d. Contraceptive medications
 - e. Mental health services
 - f. Dental, hearing, and vision services



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: HEARING SERVICES

DEFINITION: The hearing services program provides assistance seniors with the costs associated with hearing tests and the acquisition of hearing aids

UNIT OF SERVICE: One unit equals hearing services for one person

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register. Recipients whose household income is between 150 to 200% of poverty level may be requested to cost-share up to 10% for each hearing device.

DESIRED OUTCOME: Seniors improve their capacity to engage in activities of daily living (ADLs) because of improved hearing.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – In addition to the recipient eligibility criteria contained in the “ALL SERVICES” standard, each program shall have written eligibility criteria which will include at a minimum:

1. Participants must not have insurance coverage for hearing testing and/or hearing aids.

B. Intake Information – Basic information must be gathered for all recipients on a standardized intake document. The following minimum information is required:

1. Recipient's name, address and telephone number
2. Proof of birth date (Drivers License or ID Card)
3. Proof of income

C. Service Delivery

1. All hearing testing will be performed by a properly licensed or certified hearing specialist licensed to practice in Michigan. Assistance for the senior with transportation to the service location shall be provided if requested.
2. Hearing aids provided must be the least costly alternative that is appropriate for the individual's hearing condition. All follow-up services must be included in the price of the hearing aid.
3. Hearing aid device provided must be the least costly alternative that is appropriate for the person's hearing condition, up to a maximum of \$1,750 per aid for each individual, including program administrative costs.
4. Participants will not be eligible for more than one (1) hearing aid service as a lifetime benefit, unless prior approved by the Senior Services Manager.
5. The program is to seek alternative service delivery methods that would utilize local service organizations or foundations (e.g. Lions, Rotary, and Kiwanis) as partners in longer term community ventures that maximize the number of seniors served.



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: HOME HEATING ASSISTANCE

DEFINITION: The home heating assistance program is designed to help seniors with their heating utility costs. It is targeted to seniors who find it difficult to pay for their home heating utility bills and who are in danger of having their heat source shut off by the utility company or other provider.

UNIT OF SERVICE: One unit equals one household receiving financial assistance to pay heating utility.

INCOME REQUIREMENT: Yes. Recipients must be at or below 150% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors will maintain heating service in their homes allowing them to remain living independently and in a healthy environment.

MINIMUM SERVICE STANDARD:

A. Client Eligibility – In addition to the recipient eligibility criteria contained in the “ALL SERVICES” standard, each program shall have written eligibility criteria which will include at a minimum:

1. The service provider shall determine if a client is covered by another source of home heating assistance funds and utilize those funds before accessing senior millage funds.
2. The participant must have a referral for home heating assistance from 211.
3. The participant must be the head of household or spouse of head of household to receive assistance.
4. The participant must have a heating utility vendor bill that is past due.
5. The maximum amount of assistance allowed per household is \$750 per calendar year. This amount may be accessed on more than one occasion throughout the year and is not intended as one time assistance only but as a cumulative amount allowable over a calendar year.
6. Determination is made whether the applicant is a repeat recipient for more than one calendar year and that interim energy efficiency improvements have occurred.
7. The service provider must not require that a Department of Human Services (DHS) denial of home heating assistance be required prior to an otherwise eligible client receiving assistance through this program.

B. Service Delivery

1. Each program must inform participants about the Michigan Home Heating Tax Credit and be able to assist individuals as necessary to make application for this credit.



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: HOME HEATING ASSISTANCE

2. Funds may be used to pay the bills of eligible participants within the limits as well as for reasonable administrative costs to run the program.
3. Assistance must be available for past due bills for all types of heating systems including natural gas, electric, propane, fuel oil, wood, and alternative fuels.
4. Payments for a new supply of a deliverable fuel and any delivery fee may be covered up to the maximum allowable assistance per year.
5. Payments must be made directly to the heating utility vendor on behalf of the client.

C. Intake and Assessment – A uniform intake procedure must be defined and followed by the service provider and records including the following minimum information must be maintained:

1. Name, address and telephone number
2. Income verification documentation
3. Copy of driver's license or Michigan I.D.
4. Head of Household status verification or spouse verification documentation
5. Copy of heating utility vendor bill(s) being paid

D. Coordination and Targeting of Services

1. Assistance to clients in delaying heating utility shut-offs on an emergency basis must be provided. This would involve establishing relationships with local heating vendors to work out the logistics of accomplishing such emergency delays when a payment is forthcoming on behalf of the client.
2. All areas of Calhoun County must be served with special emphasis on those geographic areas with most need as in the eastern and rural portions of the county.
3. Education of participants in how to prevent high heating bills will be offered and mandatory participation may be required, as appropriate, to other programs that provide services that may lead to more fuel efficiency in the home, such as any weatherization program, home repair programs, etc.
4. Providers must maintain a strong link to the senior transportation program and assist clients in obtaining such transportation to allow them to apply for the home heating assistance program.
5. Program publicity and outreach are required to reach the population most in need of this service.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: INFORMATION AND ASSISTANCE

DEFINITION: The information and assistance program assists Calhoun County seniors in finding and working with appropriate providers that can meet their needs, including information-giving (e.g. listing the providers of a particular service so an individual may make their own contact directly); direct referrals (making contact with a particular provider on behalf of an individual); advocacy intervention (negotiating with a service provider on behalf of a recipient); and, follow-up contacts to ensure services have been provided and have met the respective service need.

UNIT OF SERVICE: Provision of one hour of component information and assistance (I&A) functions. (Note: Newsletters and media spots are encouraged but are not to be counted as information giving units of service).

INCOME REQUIREMENT: No income requirement applies.

DESIRED OUTCOME: Seniors will have a resource center (point of contact) for access to and connection with needed health and human services for older adults.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – The recipient eligibility criteria contained in the “ALL SERVICES” standard shall apply.

B. Resource File

1. Each service provider must have a current resource file that includes a listing of agencies, services available, pertinent information as to resources and ability to accept new clients and eligibility requirements.
2. The service provider must be able to provide adequate information about community resources and agencies to recipients so they may make their own contact directly.
3. If a data base is used that can be publicly-accessed, the search categories must be able to define county-wide services, and not just delineated by zip code or community name.
4. If the phone system is capable, ‘soft-transfers’ of phone calls to the desired service shall be utilized to limit the caller having to hang-up and redial another number.

C. Service Delivery and Records

1. Where walk-in service is available, there must be adequate space to ensure comfort and confidentiality to recipients during intake and interviewing.
2. Each service provider must maintain records of the nature of calls received, of the agencies and/or organizations to which recipients were directed for assistance and the service for which referrals were made. Additionally, the results of follow-up contacts and any client files must be maintained for three years or until the audit has been closed. Such



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: INFORMATION AND ASSISTANCE

information regarding service transactions must be reported to the Office of Senior Services upon request for monitoring and/or planning purposes.

3. A follow-up contact must be made with recipients of assistance within ten working days to determine whether services were received and the identified need met. Follow-up contacts are not required for information-giving only contacts with recipients.

D. Public Awareness and Collaboration

1. Sufficient resources must be directed to promote a single phone number as the number to call for help in Calhoun County with any senior service need.
2. Each service provider must actively participate in community collaborative groups working toward development of a one-stop, commonly known telephone number for access to information and assistance with senior services in Calhoun County.
3. Each program shall demonstrate effective linkages with agencies providing long-term care supports and aging services within the program area.



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: LEGAL SERVICES

DEFINITION: Legal services provides legal advice and representation by an attorney (including counseling and other appropriate assistance by a paralegal or law student under the provision of an attorney) and counseling or representation by a non-lawyer where permitted by law. Services include intake, advice and counsel, referral, representation, legal research, preparation of legal documents, negotiation and legal education. Staff may be available for public presentations to senior groups and organizations on substantive legal topics and issues.

UNIT OF SERVICE: One unit equals one hour of legal service.

INCOME REQUIREMENT: No income requirements apply.

DESIRED OUTCOME: Seniors are able to remain in safe, healthy and secure environments.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – The recipient eligibility criteria contained in the “ALL SERVICES” standard shall apply.

B. Intake and Records

1. Each recipient will receive a uniform intake utilizing a form which shall include the following information:
 - a. Name, address and phone number
 - b. Name, address, and phone number of person to contact in case of emergency
 - c. Gender (optional)
 - d. Age and date of birth
 - e. Race and/or ethnicity (optional)
 - f. Type of legal issue or concern
2. Each service provider must maintain complete records for each recipient including at a minimum:
 - a. The intake form
 - b. The type of service offered to recipient
 - c. The results of the legal assistance
 - d. Any follow-up recipient contact



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: MINOR HOME REPAIR

DEFINITION: Minor home repair provides permanent improvements to a Calhoun County senior's home to prevent or remedy a safety hazard or a sub-standard condition. The program offers permanent restoration and/or renovation to extend the life of the home and may involve structural changes, but does not involve making aesthetic improvements to a home, temporary repairs, chore, or home maintenance that must be repeated.

UNIT OF SERVICE: One unit of service equals one household receiving minor home repair services.

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors will remain independent in their own home and will not need to leave their home because of minor home repair issues (plumbing, electrical, safety equipment, etc).

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – In addition to the recipient eligibility criteria contained in the "ALL SERVICES" standard, each service provider shall have written eligibility criteria which will include at a minimum:

1. Recipients must own and occupy the home being repaired. Minor home repair services may not be provided on rental property.
2. Each service provider, prior to initiating service, shall determine whether a potential recipient is eligible to receive services through a program supported by other funding sources, particularly programs funded through state or federal grant funds. If it appears that the potential recipient can be served through other resources, an appropriate referral should be made.

B. Service Delivery

1. Allowable minor home repair tasks may include:
 - a. Roof repair/replacement
 - b. Siding repair/replacement
 - c. Door and window repair
 - d. Foundation repair/replacement
 - e. Floor repair/replacement
 - f. Interior wall repair
 - g. Plumbing and drain repair/replacement



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: MINOR HOME REPAIR

- h. Insulating/weatherization (including water heater wrap, low-flow shower head, socket sealers, draft stoppers and door sweeps)
 - i. Stair and exterior step repair/replacement
 - j. Heating system repair/replacement
 - k. Ensuring safe and adequate water supply
 - l. Electrical wiring repair/replacement
 - m. Obtaining building permits
 - n. Painting to prevent deterioration in conjunction with repairs
 - o. Wheel chair ramp as a condition of ingress/egress to home [Maximum of a 24 ft. ramp allowed through this program; anything more may require cost-sharing between recipient (or other programs) and Minor Home Repair program]
2. Each service provider shall develop working relationships with weatherization, chore, and housing assistance service providers, as available, in Calhoun County.
3. Providers shall utilize a checklist of steps/timelines used for applying, approving, and scheduling services. A copy of the checklist shall be given to the recipient so they become a collaborating partner in understanding and complying with the steps.
4. Approved applications may be entered onto a wait list for service scheduling in case of demand exceeding resources. Responding to urgent safety hazards may reprioritize the order of this wait list.
5. Funds awarded for minor home repair service may be used for labor costs and to purchase materials used to complete the minor home repair tasks to prevent or remedy a sub-standard condition or safety hazard. No more than \$2,500 is to be spent on any one house in a twelve month period. (Exceptions may be granted upon written request to and at discretion of the Senior Services Manager. Equal cost-sharing between recipient and provider for total project costs in excess of \$2,500 and less than \$3,500 for purposes of completing a project may be approved at discretion of Senior Services Manager.)
6. Funds may also be used to pay contractors, salaries and other normal costs associated with administering the program.
7. The service provider shall check each home to be repaired for compliance with local building codes. No repairs may be made to a condemned structure.
8. Each service provider shall establish and utilize written criteria for prioritizing homes to be repaired which address the condition of the home, recipient need, and appropriateness of the requested repairs.

C. Verification of Work

1. Each service provider shall utilize a job completion procedure which includes:
 - a. Verification that work is complete and correct
 - b. Verification by a local building inspector(s) that the work satisfies building codes



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Office of Senior Services

Minimum Service Standard

SERVICE NAME: MINOR HOME REPAIR

- c. Acknowledgment by the recipient that the work is acceptable, within ten days of completion
2. Each service provider shall maintain a record of homes repaired including dates, tasks performed, materials used, and costs.
3. The service provider shall utilize a written agreement with the owner (purchaser) of each home to be repaired which includes at a minimum:
 - a. A statement that the home is occupied and is the permanent residence of the recipient.
 - b. A statement that in the event that the home is sold within two years of completion of work by the service provider, the recipient will reimburse the service provider the full cost of repairs made to the home.
 - c. Specifications of the repairs to be made by the service provider are to be provided.



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: MONEY MANAGEMENT PROGRAM

DEFINITION: The money management program provides help to seniors with money management issues, including budget counseling and assistance, bank reconciliation assistance, check preparation for payment of bills, insurance coverage counseling and coordination, and other life planning issues. This program also works toward the prevention of financial exploitation in the senior's life.

UNIT OF SERVICE: One unit equals one hour of service. Units of service will be limited to professional time with or on behalf of individual seniors or a group of seniors where professional consultation is being provided.

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors will experience a reduction in bank charges, delinquent credit card charges, and delinquent utility payments. Seniors will reduce or eliminate delinquent payments for mortgage or rent, home or renters insurance and property taxes.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – The recipient eligibility criteria contained in the “ALL SERVICES” standard shall apply.

B. Intake and Assessment

1. Basic Information must be gathered for all participants on a standardized intake document., the following minimum information is required:
 - a. Name, address and telephone
 - b. Birth date
 - c. Gender (optional)
 - d. Ethnicity and/or race (optional)
 - e. Verified income status
 - f. Current residence
 - g. Other documents as requested by worker

C. Staffing/Supervision/Training

1. The staff providing service shall have the following types of experience and/or training:
 - a. Experience in business administration, bookkeeping and/or finance
 - b. Experience working with senior benefits and/or medical insurance
 - c. Experience in financial counseling



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Office of Senior Services

Minimum Service Standard

SERVICE NAME: MONEY MANAGEMENT PROGRAM

- d. Basic knowledge of Social Security, Medicare, and supplemental insurance
- 2. Responsibilities and duties of staff shall include, but not be limited to, the following:
 - a. Protect client assets whenever possible
 - b. Assist with procurement of client benefits
 - c. Record keeping
 - d. Assessment of pertinent senior information
 - e. Semi-annual review by program supervisor with recipient to review program service
 - f. Reconciliation of bank statements with check register
 - g. Prepare checks to match bills
 - h. Review Explanation of Benefits for proper payment
 - i. Assist senior with budget preparation
 - j. Review of life planning concerns
 - k. Review of insurance coverage
 - l. Assess home safety issues
 - m. Assist senior in resolving delinquent credit card debt, or other delinquent bills
 - n. Refer to other services, as needed
 - o. Research assets in order to apply for Medicaid, food stamps and other assistance programs, if needed



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: PERSONAL EMERGENCY RESPONSE SYSTEM

DEFINITION: Personal Emergency Response System (PERS) provides the devices to provide communication, monitoring, and triage of patient contacts through the system. Hardware includes the button and the communicator attached to the phone. Monitoring is done by contract with the local emergency response provider.

UNIT OF SERVICE: One unit equals one device for one senior.

INCOME REQUIREMENT: Yes. Recipients must be at or below 150% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors will be safe in their own homes and have access to emergency services that increase their feeling of security.

MINIMUM SERVICE STANDARD:

- A. Recipient Eligibility Criteria** – In addition to the recipient eligibility criteria under the “ALL SERVICES” standard, the following shall apply:
1. Recipients must be oriented and in possession of faculties to absorb training in the equipment, and be able to operate the button appropriately.
 2. A redetermination of eligibility and ability to use equipment must be completed and verified semi-annually, and may be completed concurrently with a monthly equipment check.
- B. Intake and Assessment** – The following information shall be gathered as part of a standardized intake document:
1. Name, address and telephone
 2. Date of birth
 3. Gender (Optional)
 4. Income verification
 5. Insurance Information, Medicare Card, other Insurance Card
 6. Responder identification and contact information
- C. Service Delivery** – Equipment provided must be the least costly alternative that is appropriate for individual needs. The cost of additional services capabilities or add-ons are the participant’s obligation.



Calhoun County

Office of Senior Services

Minimum Service Standard

SERVICE NAME: PRESCRIPTION DRUG ACCESS PROGRAM (PDAP)

DEFINITION: The Prescription Drug Access Program (PDAP) provides access to free and low-cost medications for individuals at low levels of income through the handling of the administrative process and assisting recipients to complete pharmaceutical applications.

UNIT OF SERVICE: One unit of service equals one completed pharmaceutical application

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Beneficiaries of the Prescription Drug Access Program will be better able to maintain their independence as they better manage their chronic diseases through reliable access to needed medications. As diseases are better managed, health and quality of life improve, supporting the seniors' efforts to remain independent.

MINIMUM SERVICE STANDARDS:

A. Recipient Eligibility Criteria – In addition to recipient eligibility criteria contained in the “ALL SERVICES” standard, each service provider shall have written eligibility criteria which will include at a minimum:

1. Assistance may be provided to otherwise ineligible seniors under one of the following circumstances:
 - a. If the recipient's income is above the maximum income level of 200% of the Federal Poverty Level, he/she will be offered the opportunity to access the needed medication through the Prescription Outreach program, which offers medications in a 90-day supply for a low co-payment.
 - b. If the recipient has Medicare Part D or private insurance that does not cover (excludes) the needed medication completely, the recipient will be offered the opportunity to apply for the medication through the pharmaceutical company.

B. Recipient Intake and Records

1. Each recipient seeking assistance shall complete the intake process, which includes collecting the following basic information:
 - a. Name, address, and phone number
 - b. Gender (optional)
 - c. Age and date of birth
 - d. Allergies and Medications
 - e. Diagnosis
 - f. Number in household



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Office of Senior Services

Minimum Service Standard

SERVICE NAME: PRESCRIPTION DRUG ACCESS PROGRAM (PDAP)

- g. Marital status (optional)
- h. Income and asset information
- i. Insurance information
- j. Primary care physician
- 2. The PDAP program will maintain a complete record for each recipient, including:
 - a. The intake form
 - b. Proof of income, assets, and tax filings
 - c. Photo ID and Social Security Card
 - d. Patient Consent and release form
 - e. Medication list from physician
 - f. Certification of no tax filing, if applicable
 - g. Applicable notes



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: PRESCRIPTION VOUCHERS

DEFINITION: Provides free prescriptions to seniors via a voucher method. The use of generics will be substituted, as allowed by law, when available. This program is meant as a “stop-gap” program while a more long-term solution to the recipient’s prescription needs is sought.

UNIT OF SERVICE: One unit equals one redeemed prescription voucher.

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Seniors immediate prescription needs are met and they gain knowledge of available services to assist them with identifying a longer-term prescription drug coverage solution.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – In addition to the recipient eligibility criteria contained in the “ALL SERVICES” standard, each program shall have written eligibility criteria which will include at a minimum:

1. Must have a valid prescription or valid refill (bottle required indicating refill)
2. Assistance may be provided to otherwise eligible persons under one of the following circumstances:
 - a. Recipient has no other prescription insurance and does not qualify for Medicare Part D prescription insurance (i.e. under age 65),
 - b. Recipient qualifies to enroll in a Medicare Part D prescription insurance plan and appears to qualify for assistance from Social Security in paying premiums and co-pays. In this circumstance, recipient **MUST** agree to apply within the next open enrollment period to Social Security for such assistance to receive assistance from this voucher program.
 - c. Recipient has a Medicare prescription insurance plan and their prescription costs have exceeded the initial coverage limit of their plan but are less than the catastrophic level and they are responsible for paying a reduced percentage of the cost for their prescriptions (known as the “gap” or “donut hole” period). Recipients must provide proof that their Medicare prescription “gap” period has been reached and they are responsible for paying for prescriptions (if applicable). **NOTE:** *Vouchers and insurance discount cards will not count toward reaching the catastrophic coverage level.*
3. The amount allowable per individual is \$750 per calendar year.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: PRESCRIPTION VOUCHERS

B. Intake and Records - A uniform intake form and procedure will be followed and must contain the following minimum information:

1. Recipient's full name, address, and telephone number
2. Recipient's date of birth
3. Verification of recipient's sources of income and other financial resources

C. Referrals and Other Assistance

1. To assist the recipient in securing a longer-term prescription drug coverage solution, all service providers must provide appropriate referral information to service recipients including but not limited to the following:
 - a. Information on the process for applying to Social Security for help with paying for Medicare Part D Prescription Drug plan costs:
 - i) At a minimum, recipients should be given the place and time that applications are accepted by Social Security and what information the recipient will need to have available.
 - ii) Recipients should be provided paper application forms or assistance with on-line applications.
 - b. Information on how to proceed after receiving determination from Social Security, including:
 - i) Referral to the Prescription Drug Assistance Program (PDAP)
 - ii) Appropriate referrals to other drug assistance programs for which the recipient may be eligible

D. Service Delivery

1. Cost of program service will include the prescription voucher and no more than a 20% program administrative fee.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: RAMP INSTALLATION

Note: *UNDER DEVELOPMENT FOR fy 2014*



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: SENIOR CENTER STAFFING AND SUPPORTS

DEFINITION: Senior center staffing for smaller urban or local community senior centers that begin to offer regularly scheduled services and programs for seniors in Calhoun County.

UNIT OF SERVICE: One unit of service equals one hour of staff time worked.

INCOME REQUIREMENT: No income or residency requirements shall apply, other than out-of-county residents may be asked to pay a higher membership fee

DESIRED OUTCOME: Seniors have access to services and programs that enhance their dignity, develop their health and wellness, support their independence, and encourage their involvement in and with the community.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – The recipient eligibility criteria contained in the “ALL SERVICES” standard shall apply.

B. Service Requirements:

1. Each service provider shall strive to adhere to the Principles for the Operation of Senior Centers as established by the National Institute of Senior Centers.
2. The service provider shall first have in place:
 - a. A Steering Committee or Council vested with by-laws and legal authority to speak on behalf and contract for services of the Senior Center
 - b. A development or organizational plan outlining fiscal management and strategy for service delivery
3. Where a service provider supports a senior center director position, the person occupying the position shall have the authority to perform administrative and review functions of the senior center; for a senior center program coordinator or specialist position, the person occupying this position shall be involved in the development and operation of three or more programs at any given time within the center. Each senior center shall document that appropriate preparation has taken place for procedures to be followed in case of an emergency including:
 - a. An annual fire drill
 - b. Posting and training of staff and regular volunteers on procedures to be followed in the event of severe weather or a natural disaster
 - c. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency
5. Each senior center shall secure its own constituency in the community it is located, for the purpose of local support, financial stability, and developing local leadership through volunteer development.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: RAMP INSTALLATION

Note: *UNDER DEVELOPMENT FOR fy 2014*



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: TRANSPORTATION SERVICES

DEFINITION: Transportation services provides centrally-dispatched service for transportation for Calhoun County seniors to and from community facilities in order to receive medical, social and other services that reduce isolation and otherwise promote independent living.

UNIT OF SERVICE: One unit of service equals one, one-way trip per person.

INCOME REQUIREMENT: No income requirement applies

DESIRED OUTCOME: Seniors have access to services and activities that enhance their dignity, support their independence, and encourage their involvement in and with the community.

MINIMUM SERVICE STANDARD:

- A. Recipient Eligibility Criteria** – The eligibility criteria contained in the “ALL SERVICES” standard shall apply.
- B. Transportation Modes** – Transportation programs shall be based on the following modes:
 - 1. Demand/Response - Flexible routing and/or scheduling of small vehicles to provide door to door service.
 - a. Route Deviation Variation - Where a normally fixed-route vehicle leaves scheduled route upon request to pick up client;
 - b. Dynamic Route Variation - Where routes are consistently modified to accommodate requests.
 - 2. Volunteer Reimbursement - Out-of-pocket expenses for volunteers using their private vehicles to transport older persons. The Service Provider may initiate development of or shall cooperate with the development of potential volunteer driver programs within its service area, as deemed feasible for Senior Millage support.
 - 3. Public Transit Reimbursement - Partial or full payment of the cost for a client to use available public transit system.
 - 4. Drivers shall be licensed and covered by required liability insurance.
- C. Vehicles**
 - 1. Vehicles used for transportation programs shall be licensed and inspected annually as required by the Secretary of State.
 - 2. The service provider shall label vehicles with the name, address, and phone number of the service provider.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: TRANSPORTATION SERVICES

3. The service provider shall assure each vehicle is equipped with seat belts that are used consistent with state safety laws.

D. Drivers

1. All paid drivers shall be physically capable and willing to assist clients requiring help into and out of vehicles unless prohibited by a labor contract or insurance policy.
2. All paid drivers shall be trained to cope with medical emergencies.
3. Drivers are required to notify central dispatch with any scheduling variations of ten minutes or longer (due to client not being ready on time, client canceling upon pick-up, etc.).

E. Service Type, Other Funding and Waivers

1. The service provider shall designate the type(s) of transportation service (medical, recreational, employment, etc.) to be provided and shall record the provision of each. If service is provided to meet both types of needs, the provider shall specify and record planned percentage of each.
2. The service provider shall attempt to receive reimbursement from other funding sources as appropriate and available.
3. In special circumstances, waivers may be granted for transportation programs unable to utilize the central dispatch due to limited scope of the program.
4. The service provider shall cooperate with similar service providers in adjoining counties, and in local communities within its service area, to provide an orderly transfer of a senior from one county or community to another, primarily for access to Veterans Facilities, hospitals, or long-term care services.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: TRANSPORTATION CENTRAL DISPATCH

DEFINITION: The Calhoun County Senior Millage Transportation Central Dispatch program allows one agency to receive all requests for the transportation of seniors. The dispatch schedules riders utilizing the Senior Millage-contracted transportation service providers' vehicles and distributes schedules to the service providers the prior business day of service.

UNIT OF SERVICE: A unit of service is one scheduled ride.

INCOME REQUIREMENT: No income requirement applies.

DESIRED OUTCOME: Seniors receive rides to medical appointments, jobs, meal sites, and other locations that help them maintain their health and independence.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – The recipient eligibility criteria contained in the “ALL SERVICES” standard shall apply.

B. Records

1. Service provider is required to maintain records for each rider and the following documentation must be maintained in each file:
 - a. Name, address, and phone number
 - b. Date of birth
 - c. Emergency contact name and phone
 - d. Ethnicity and/or race (optional)
 - e. Special transportation needs

C. Schedules and Hours

1. Schedules for the vehicles must be provided to Senior Millage transportation agencies by 3:30 p.m. the prior business day. Schedules should be easy for drivers to read/understand, and must include rider name, time and place of pick-up, destination, appointment time (if applicable), special transportation needs, type(s) of transportation service to be provided (medical appointment, grocery shopping, congregate meal) and any other information that would be pertinent for the transportation drivers.
2. The service provider must have daytime business hours and be able to provide 24 hour service for cancellations
3. The service provider must have capacity to arrange schedules with multiple vehicles and maintain contact with vehicle drivers. *Note: Providers are required to provide phones for each vehicle at their own expense.*

D. Service Priority – The Service provider shall prioritize requests for supported transportation services based on the following criteria, and factoring in greatest social and economic need:



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: TRANSPORTATION CENTRAL DISPATCH

1. Medical (medical appointments, pharmacies)
2. Employment
3. Nutritional (grocery shopping, meal sites)
4. Volunteer commitments
5. Recreational (beauty shops, senior centers)
6. Exclusions: Senior Millage transportation shall not be utilized or scheduled for trips to casinos/gaming facilities, unless prior approved by the Senior Services Manager for a special event not primarily focused on gaming activity

E. Additional Requirements

1. Service provider must have intimate knowledge of Calhoun County's roadways
2. All calls must be documented and any unmet needs must be recorded.
3. Any complaints regarding transportation service or transportation service providers must be documented and submitted with monthly reports.
4. The service provider must establish a local and toll free number for seniors to call for Senior Millage transportation, preferably one that is easy to remember. (Note: This number will be for Senior Millage transportation only and will be utilized for future years, regardless of change in service providers.)
5. The service provider must provide presentations to the community regarding the system and assist with publicity and raising community awareness of the program.
6. The service provider ideally does not receive any Senior Millage dollars as a transportation provider. The County may make a determination if this provision can be waived in the situation of a single or primary transportation provider also providing dispatch services.
7. When applicable, the service provider should seek community dollars to further expand this program.
8. Each program shall attempt to receive reimbursement from and to cooperate with other funding sources, as appropriate and available. Examples include the American Cancer Society, Veterans Administration, Human Services Agency, Department of Community Health, Medical Services Administration, United Way, Department of Transportation programs, etc.
9. Assistance in finding alternative forms of transportation is most specifically desired for routine medical appointments for a single individual that are provided multiple times each week for extended periods of time.
10. The service provider is responsible for all maintenance and operating costs.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: VISION SERVICES

DEFINITION: The vision services program is designed to help persons 60 years of age and older with the costs associated with eye examinations and the acquisition of eye glasses.

UNIT OF SERVICE: One unit of service equals vision services for one person.

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register. Recipients whose household income is between 150 to 200% poverty level may be requested to cost-share up to 20% of the cost for a pair of eyeglasses if eligible for services.

DESIRED OUTCOME: Seniors have their vision needs met which helps to improve their capacity to engage in activities of daily living, thus supporting independence.

MINIMUM STANDARDS:

- A. Recipient Eligibility Criteria** – In addition to the recipient eligibility criteria contained in the “All Services” standard, the following shall apply:
1. Recipient cannot have other insurance coverage for eye exams and/or eye glasses
- B. Intake Information** – Basic information must be gathered for all recipients on a standardized intake document. The following minimum information is required:
1. Recipient’s name, address and telephone number
 2. Proof of birth date (Drivers License or ID Card)
 3. Proof of income
- C. Service Provision** – Optometric services shall be provided by an optometrist or ophthalmologist licensed to practice in Michigan. This service shall be made available at more than one location in the county, or the recipient is to be assisted with transportation to the service location if requested.
- D. Service Costs** – Eyeglasses provided must be the least costly alternative that is appropriate for the individual’s vision condition up to a maximum cost of \$225 per pair. Total of eyeglasses, exam and administrative costs should not exceed \$325 per individual.
1. Participants will not be eligible for more than one (1) pair eyeglasses every four (4) years, unless prior approved by the Senior Services Manager.
 2. The program is to seek alternative service delivery methods that would utilize local service organizations (e.g. Lions, Rotary, and Kiwanis) as partners in longer term community ventures that maximize the number of seniors served.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: WHOLE PERSON WELLNESS

DEFINITION: The delivery of a one-hour of group wellness sessions that integrate behavioral and health education, health screenings and exercise for the purpose of self-directed care of the body, mind, and spirit. The sessions will be provided weekly in a group setting.

UNIT OF SERVICE: One unit of service equals one hour of participation by one person

INCOME REQUIREMENT: No income requirement applies.

DESIRED OUTCOME: Seniors will have access to health information, screenings, supervised exercise, monitor progress of their own health status.

MINIMUM SERVICE STANDARD:

A. Service Components – Each session will include the following components:

1. Educational component – Approximately 15 minutes to increase the recipient's knowledge base related to the process of aging, disease management and prevention, behavioral health or other related topics and improve recipient's capacity to make informed decisions related to their health.
2. Screenings – A minimum of two types of screening per session may include:
 - a. Blood pressure
 - b. Blood sugar
 - c. Pulse oximetry
 - d. Pulse Rate
 - e. Weight
 - f. Body Mass Index
 - g. Cholesterol – quarterly
3. Exercise – Approximately 20 minutes to improve mobility, flexibility and strength
4. Mental/Behavioral Health Screenings – Quarterly
 - a. Memory Screening
 - b. Depression Screening

B. Participant Analysis – A Participant Analysis will be conducted by a team including a nurse, a fitness expert, and a mental health professional when the recipient begins the program and will include:

1. Basic information including name, address, phone, birth date, gender (optional), and race/ethnicity (optional)
2. Vitals including blood pressure, blood sugar, pulse ox, weight
3. Healthy Days Survey (CDC model)
4. Fitness Profile – measures flexibility, strength, balance, endurance
5. Signature of recipient acknowledging willingness to participate and have data (without name) collected and reported.



Calhoun County Office of Senior Services

Minimum Service Standard

SERVICE NAME: WHOLE PERSON WELLNESS

C. Participant tracking and monitoring

1. Recipients will track their progress on a weekly basis. Quarterly progress reports will measure recipient's improvement using the Healthy Days Survey and Fitness Profile (or other recognized profile).
2. Ongoing monitoring and follow-up will be conducted weekly by the RN to ensure the recipients' health and safety.
3. Follow-up contacts will be made to determine if linkage was successful and determine if further referral is needed

D. Referrals and Collaboration – Where appropriate, referrals will be made to physicians, mental health, and other services that support whole person wellness. Collaboration with other organizations serving older adults will be encouraged. Appropriate entities will be given the opportunity to provide information or services at weekly sessions.

E. This program will work closely with sites that have congregate meal services and other rural sites that may be developing locally initiated senior outreach/lifestyle centers.